



Statement of Organization CANDIDATE COMMITTEE

*Please read instructions before completing this form.

Type of Statement							
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td style="text-align: center;">09/01/2014</td> <td style="text-align: center;">CC-12-00953</td> </tr> </table>			Date Changes Took Effect	SBE-issued Committee ID	09/01/2014	CC-12-00953
Date Changes Took Effect	SBE-issued Committee ID						
09/01/2014	CC-12-00953						
Committee Information							
Committee Information	Friends of Jermaine Mincey						
	Name of Candidate Campaign Committee						
	P. O Box 852						
	Street Address/PO Box	Suite #					
	Annandale	VA	22003				
	City	State	Zip Code				
	minceyforcouncil@gmail.com		22003				
	Email Address		Daytime Phone #				
	www.minceyforcouncil.com						
	Campaign Website						
Candidate Information							
Candidate Information	Mincey	Jermaine	Arnez				
	Salutation Last Name	First Name	Middle Name Suffix				
	P.O. Box 852						
	Residence Address	Apt #					
	Annandale	VA	22003				
	City	State	Zip Code				
	FAIRFAX COUNTY	897844259					
	County or City of Residence	Voter Identification #					
	minceyforcouncil@gmail.com		703-336-9351				
	Email Address		Daytime Phone #				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.						
Election Information							
Election Information	Member City Council		Alexandria City				
	Office Sought		District (if one)				
	Independent	2015	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				
	Political Party	Year of Election	Type of Election				



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Treasurer Information				
Treasurer Information	Mincey	Jermaine	Arnez	
	Salutation	Last Name	First Name	Middle Name
	P.O Box 852			
	Residence Address		Apt #	Suffix
	Annandale		VA	22003
	City	State	Zip Code	
	FAIRFAX COUNTY		897844259	
County or City of Residence		Voter Identification #		
minceyforcouncil@gmail.com		703-336-9351		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Capital One Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria VA				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:	05/14/2012		
	Date first expenditure made:	05/24/2012		
	Date campaign depository designated:	05/14/2012		
	Date filing fee paid for party nomination:			
	Date Statement of Qualification filed:	05/01/2012		
	Date treasurer appointed:	05/07/2012		

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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's Electronic Filing Application.</p> <p><input type="checkbox"/> File electronically using an SBE Approved Vendor (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p style="margin: 0;">Signature</p> </div> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p style="margin: 0;">Date</p> </div> </div>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p style="margin: 0;">Candidate's Signature</p> </div> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p style="margin: 0;">Date</p> </div> </div>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p style="margin: 0;">Treasurer's Signature</p> </div> <div style="text-align: center;"> <div style="border-top: 1px solid black; width: 150px; margin: 0 auto;"></div> <p style="margin: 0;">Date</p> </div> </div>



Instructions for Completing This Form

General Guidelines

- ⇒ Candidates for local office who indicate that they will be submitting their reports on paper must submit the original copy of this form to the General Registrar or local electoral board's office.
- ⇒ Candidates for local office who indicate that they will be submitting their reports electronically must submit the original copy of this form to the General Registrar or local electoral board's office and a copy to the State Board of Elections at 1100 Bank Street, Richmond, VA, 23219.
- ⇒ For General Assembly Candidates, an original of this form must be submitted to the State Board of Elections at 1100 Bank Street, Richmond, VA 23219 and a copy must be submitted with the local electoral board of the county or city in which the candidate is a resident.
- ⇒ All requested information on the form is **required** unless otherwise noted below.
- ⇒ An amended Statement is required to be filed within 10 days of the change if **any** of the information reported on this form changes. Failure to amend this form in a timely fashion may result in civil penalties of up to **\$500** to be assessed according to the procedure described in §24.2-929 of the Code of Virginia.

Type of Statement

- ⇒ Check the box that best fits the type of Statement your committee is submitting.

Campaign Committee's Mailing Address

- ⇒ Enter the name of the Campaign Committee (e.g. Friends of Candidate Smith).
- ⇒ Enter the home mailing address for the candidate (this should be the same as where you are registered to vote).
- ⇒ Enter the Campaign Committee's primary mailing address (PO Boxes are acceptable.)
- ⇒ Enter the Campaign Committee's email address
- ⇒ Enter the campaign's primary daytime phone number.
- ⇒ Enter the Campaign Website (if none, enter N/A)

Candidate Information

- ⇒ Enter the full name of the candidate.
- ⇒ Enter the county or city of the candidate's residence.
- ⇒ Enter the candidate's Voter Identification #.
 - This can be found on the candidate's voter card or by calling SBE.
- ⇒ Enter the email address of the Candidate (if one).
- ⇒ Enter the Candidate's daytime phone number.

Election Information

- ⇒ Enter the office sought by the candidate and the district (if one).
- ⇒ Enter the political party of the candidate (for candidates for statewide or General Assembly office, in the absence of a political party please enter "Independent").
- ⇒ Enter the year of the office's General Election.
 - If seeking election to a Special Election, check the next box. Please note that you should not check this box prior to the official calling of the Special Election.

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